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GOVERNMENT **EXHIBIT** 1

File Number: 20220014228E Date Filed: 2/2/2022 5:35:00 PM Elaine F. Marshall NC Secretary of State

COUNTRY

SUFFIX

COUNTRY

USA

#### **UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS** 

2c. MAILING ADDRESS

3a. ORGANIZATION'S NAME

OR 3b. INDIVIDUAL'S SURNAME

2675 Thornbury Way

Watlington

3c. MAILING ADDRESS

A. NAME & PHONE OF CONTACT AT FILER (optional)  Daniel Watlington 404-201-3022		HAKE COUN TAMMY L.				
B. E-MAIL CONTACT AT FILER (optional)		REGISTER OF DEEDS PRESENTED & RECORDED ON				
danielwatlington50@gmail.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		92/22/202	2 14	:55:52		
l —	$\neg \bot$			•		
Daniel Watlington	' 1					
2675 Thornbury Way	l	BOOK:01892	7 PA	GE:01799 - 01	802	
Atlanta, GA 30349-4935	1					
<u></u>		THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, ful name will not fit in line 1b, leave all of item 1 blank, check here and provide 1a. ORGANIZATION'S NAME		ify, or abbreviate any part of to formation in Item 10 of the Fin				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Harris	Charlene					
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
Financial Litigation Unit Eastern District Of North Carolina 150 Fayetteville Street Suite 21	™ Raleigh		NC	27601	USA	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide and provide the control of th						
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AMF	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	

CITY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

4. COLLATERAL: This financing statement covers the following collateral:

Charlene Harris charge with violating a Judges" ORDER" herein known as Contempt by way of defrauding Daniel Watlington out of \$221.00 dollars Social Security Payment in the total amount of \$1,773.60. The debtor(s) named herein is Lien in the amount of \$1,773.60 plus 4% Annually. All of debtors assets, land, Fixtures, Bank Accounts, Automobiles, Jewelry, House Hold Furniture, garnishment of pay roll check.

FIRST PERSONAL NAME

Daniel

Atlanta

CITY

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative							
6a. Check only if applica	6a. Check only if applicable and check only one box:  6b. Check only if applicable and check only one box:						and check only one box:
Public-Finance	Transaction Manufa	ctured-Home Transactio	A Debtor is a Tran	smitting Utility		Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIG	GNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buy	er [	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:							
FLU-2022	Case 5:05-cr-0	00004-BO [	Occument 691-2	Filed 05/3	30/23	Page 1 o	f 4
				Internationa	I Associa	ation of Comme	rcial Administrators (IACA)

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

30349-4935

STATE

**GA** 

STATE POSTAL CODE

#### **UCC FINANCING STATEMENT ADDENDUM**

_	LOW INSTRUCTIONS					
	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if cause Individual Debtor name did not fit, check here	line 1b was left blank				
_	ea. ORGANIZATION'S NAME					
l						
ľ						
Ļ	9b. INDIVIDUAL'S SURNAME					
ľ	95. INDIVIDUAL'S SURNAME					
ŀ	FIRST PERSONAL NAME					
ľ	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	•			. ,
	· · · · · · · · · · · · · · · · · · ·				S FOR FILING OFFICE	
	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or to not omit, modify, or abbreviate any part of the Debtor's name) and enter the m		ine 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full na
	10a. ORGANIZATION'S NAME	anning dedicate in fine 100				
١						
1	10b. INDIVIDUAL'S SURNAME					
	INDIVIDUAL'S FIRST PERSONAL NAME					
ŀ	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
ļ						Joonta
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
[	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO 11a. ORGANIZATION'S NAME	OR SECURED PARTY'S	NAME: Provide o	nly <u>one</u> na	me (11a or 11b)	
Ī		OR SECURED PARTY'S	S NAME: Provide o		me (11a or 11b)  NAL NAME(S)/INITIAL(S)	SUFFIX
	11a. ORGANIZATION'S NAME		S NAME: Provide o			
	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
	11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
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	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	S NAME: Provide o	ADDITIO	NAL NAME(S)/INITIAL(S)	
. ^	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	
Α	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS	FIRST PERSONAL NAME	MENT:	ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTR
A	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEN	/ENT:	ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTR
A	11a. ORGANIZATION'S NAME  11b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  DDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEN  covers timber to be co	/ENT:	ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTR
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A	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  ame and address of a RECORD OWNER of real estate described in item 16 f Debtor does not have a record interest):	FIRST PERSONAL NAME  CITY  14. This FINANCING STATEN  covers timber to be co	/ENT:	ADDITIO	NAL NAME(S)/INITIAL(S)	COUNTR
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FILING OFFICE COPY STATEMENT ADDENDUM (Form OCC1AG) (Rev. 04/20/17) 30/23 Progress Acordina Administrators (IACA)



## State of North Carolina Department of the Secretary of State

NC Secretary of State, ELAINE F. MARSHALL
UNIFORM COMMERCIAL CODE FILING ACKNOWLEDGEMENT

Watlington, Daniel 2675 Thornbury Way Atlanta, NC 30349-4935

File Number: 20220014228E File Date: 2/2/2022 Filing Type: UCC

Lapse Date: 2/2/2027 Pages: 1

#### Indexed Debtor(s):

Personal: Charlene Harris, Financial Litigation Unit Eastern District Of North Carolina 150 Fayetteville Street Suite 2100,

Raleigh, NC, 27601 USA

#### Secured Party(s)/Assignee(s)

Personal: Daniel Watlington, 2675 Thornbury Way, Atlanta, GA, 30349-4935 USA

Please review the above information that was indexed in our database. We have indexed the above information exactly as it was presented on your filing. Debtor(s) and Secured Party(s)/Assignee(s) that failed to meet the minimum indexing requirements were not indexed. If you wish to make a change from your original filing, an amendment (UCC-3) with the appropriate fee is required. If there is an indexing error made by the filing office, please contact us at the number listed below.

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# Tammy L. Brunner Register of Deeds

Wake County Justice Center 300 South Salisbury Street, Suite 1700 Raleigh, NC 27601

<ul><li>☐ New Time Stamp</li><li>☐ Additional Document Fee</li></ul>	<ul><li>☐ \$25 Non-Standard Fee</li><li>☐ Additional Reference Fee</li></ul>
This Customer Group	This Document
# of Excessive Entities	# of Pages
# of Time Stamps Needed	'Ef